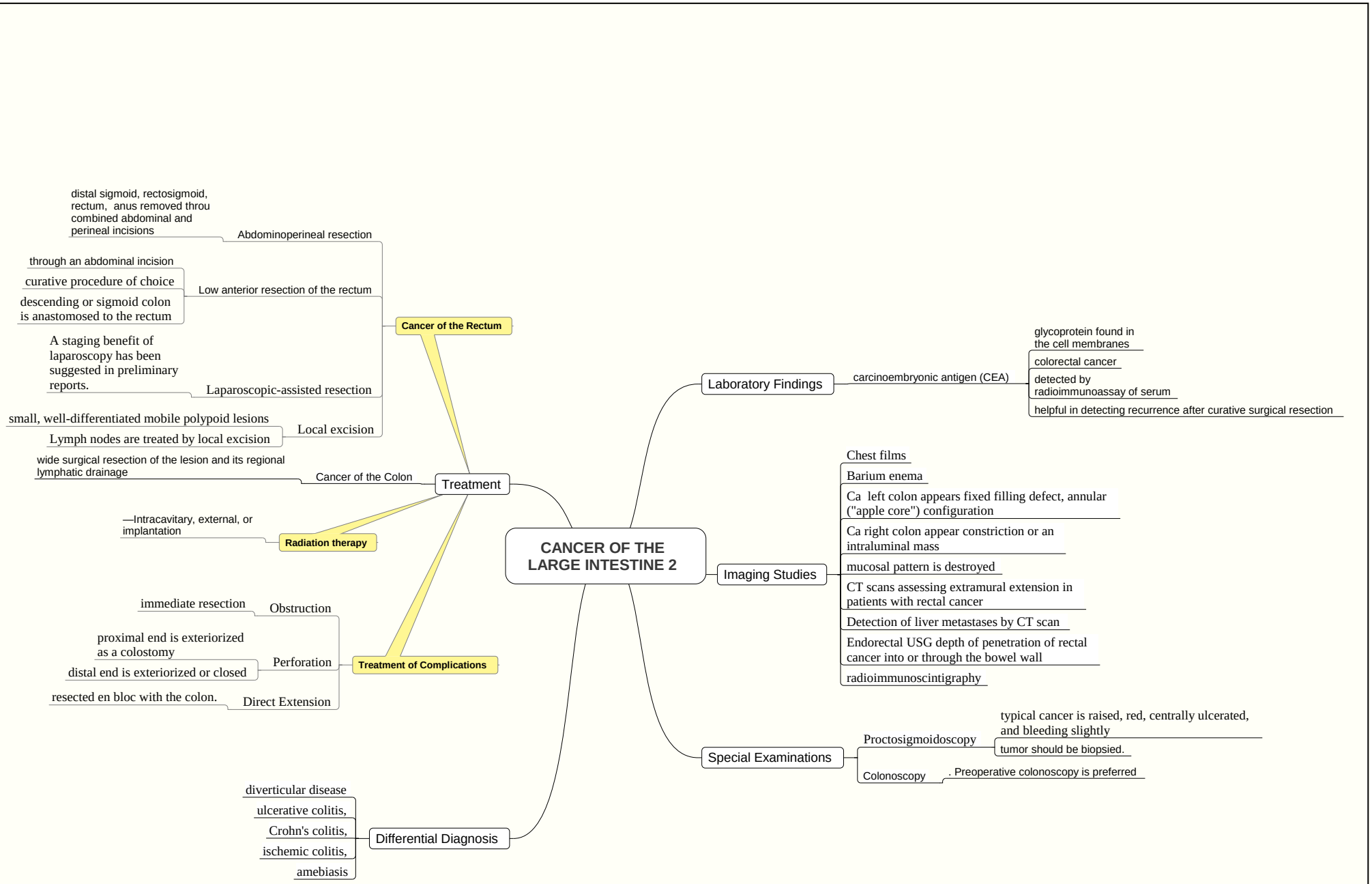
CANCER OF THE LARGE INTESTINE 2
Treatment
Cancer of the Rectum
Abdominoperineal resection
distal sigmoid, rectosigmoid, rectum, anus removed throu combined abdominal and perineal incisions
Low anterior resection of the rectum
through an abdominal incision
curative procedure of choice
descending or sigmoid colon is anastomosed to the rectum
Laparoscopic-assisted resection
A staging benefit of laparoscopy has been suggested in preliminary reports.
Local excision
small, well-differentiated mobile polypoid lesions
Lymph nodes are treated by local excision
Cancer of the Colon
wide surgical resection of the lesion and its regional lymphatic drainage
Radiation therapy
—Intracavitary, external, or implantation
Treatment of Complications
Obstruction
immediate resection
Perforation
proximal end is exteriorized as a colostomy
distal end is exteriorized or closed
Direct Extension
resected en bloc with the colon.
Differential Diagnosis
diverticular disease
ulcerative colitis,
Crohn's colitis,
ischemic colitis,
amebiasis
Laboratory Findings
carcinoembryonic antigen (CEA)
glycoprotein found in the cell membranes
colorectal cancer
detected by radioimmunoassay of serum
helpful in detecting recurrence after curative surgical resection
Imaging Studies
Chest films
Barium enema
Ca left colon appears fixed filling defect, annular ("apple core") configuration
Ca right colon appear constriction or an intraluminal mass
mucosal pattern is destroyed
CT scans assessing extramural extension in patients with rectal cancer
Detection of liver metastases by CT scan
Endorectal USG depth of penetration of rectal cancer into or through the bowel wall
radioimmunoscintigraphy
Special Examinations
Proctosigmoidoscopy
typical cancer is raised, red, centrally ulcerated, and bleeding slightly
tumor should be biopsied.
Colonoscopy
. Preoperative colonoscopy is preferred